



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MAJOR HOSPITAL

City of Hospital: Shelbyville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

Email Address: bcoffey@majorhospital.org

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$86227935
Outpatient Patient Service Revenue	\$263861134
Total Gross Patient Service Revenue	\$350089069

2. Deductions From Revenue

Contractual Allowance	\$226332382
Other Deductions	\$2209778
Total Deductions	\$228542160

3. Total Operating Revenue

Net Patient Service Revenue	\$121546910
Other Operating Revenue	\$33502113
Total Operating Revenue	\$155049023

4. Operating Expenses

Salaries and Wages	\$47742727	Employee Benefits	\$14946468
Depreciation and Amortization	\$9731868	Interest Expense	\$2656902
Bad Debt	\$6434618	Other Expenses	\$0
Total Operating Expenses	\$81512583		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$31256961	Total Assets	\$310122451
Net Non-operating Gains over Loss	\$7650646	Total Liabilities	\$92157266

Total Net Gains	\$38907607
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$155763480	\$111657774	\$44105706
Medicaid	\$69204777	\$47451700	\$21753077
Other Government	\$4606799	\$3801597	\$805202
Other State	\$0	\$0	\$0
Other Payers	\$120514014	\$63421311	\$57092703
Total	\$350089070	\$226332382	\$123756688

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$900000	\$213482	\$686518

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$27746	\$260273	\$-232527
Community Education	\$12489	\$309897	\$-297408

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	5000
Number of Citizens Exposed to Health Education Messages	55000

Statement Six: Charity Statement

Hospital Charity Charges	\$2209778
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$740765	
HCI Payments	\$0		
Subtotal	\$0	\$740765	\$-740765
Medicaid Shortfalls	\$14166994	\$24594941	
Subtotal	\$14166994	\$25335706	\$-11168712
DSH Payments	\$3,183,158		
Subtotal	\$17350152	\$25335706	\$-7985554
Medicare Shortfalls	\$32907486	\$54137190	
Other Government Programs	\$943033	\$1586625	
Total	\$51200671	\$81059521	\$-29858850

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$902014	\$-902014
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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